

## Notice of Termination - Industrial Storm Water Discharges General Permit

Form 3400-170 (R 3/01)

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**Notice:** This form is authorized by s. 283.37, Wis. Stats. A facility representative that no longer claims coverage under any general or individual permit for the discharge of storm water from industrial activity shall submit this Notice of Termination from to the Department. Personally identifiable information found on this form is not intended to be used for any other purpose.

Submission of this Notice of Termination constitutes notice that the party identified in Section I of this form is no longer authorized to discharge storm water from industrial activity under a WPDES permit. Termination of coverage will be effective when confirmed by the Department to the permittee.

**All necessary information must be provided on this form.**

Please read all instructions on the back of this form before completing it.

### Section I: Owner/Operator Information

Company Name			Facility Contact Last Name	First	MI
Mailing Address			Title		
City	State	ZIP Code	Telephone Number		

### Section II: Facility Information

Name of Facility			Location Address		
Mailing Address			County		
City	State	ZIP Code	Facility Identification (FID) and/or FIN Number (if known)		

### Section III: Termination Information

Reason for Termination Request (e.g. sale, transfer, move, or inactive)

If facility was sold or transferred, provide the following:	Name of New Owner
Address of New Owner	Telephone Number of New Owner

If this is a move, provide new location.

If this facility will be inactive, are any significant materials (see back of form) exposed to storm water? ☐ Yes ☐ No

If yes, please explain.

Have you retained any control over the industrial activities or materials at the facility? ☐ Yes ☐ No

If yes, please explain.

### Section IV: Certification

I understand that by submitting this notice of termination, the site described herein is no longer authorized to, and does not discharge storm water associated with industrial activity by the general WPDES permit, and that discharging pollutant in storm water associated with industrial activity to waters of Wisconsin is unlawful where the discharge is not authorized by a WPDES permit.

Facility Representative Signature	Title	Date Signed
Facility Representative Typed / Printed Name		Date Signed

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## Instructions

Please answer all questions. Incomplete Notice of Termination forms will be returned for completion.

### Section I: Owner/Operator Information

Provide the legal name of the person, firm, public organization,, or any other entity that operates the industrial activity described in Section II of this application and hods or qualifies for an applicable general or individual industrial storm water discharge permit. The operator of the activity is the legal entity which controls the activity's operation. The mailing address and phone number given should be for the facility contact person.

### Section II: Facility Information

Provide the name of the facility as it appears on the permit application or permit cover letter. If known, provide the Facility Identification (FID) and/or FIN Number.

### Section III: Termination Information

Provide some details about the reason for this termination request. If you move your activities to a new site, you will need to reapply for the storm water permit coverage. If new owners or operators will be continuing activity at this site, they will need to apply for a storm water permit separately. The storm water permit coverage is site specific and is not transferable.

Examples of significant materials are: industrial machinery, raw materials, intermediate and finished products, waste products, fuels, solvents, detergents, hazardous substances, and fertilizers.

### Section IV: Certification

State statutes provide for severe penalties for submitting false information on this Notice of Termination form. State regulations require this Notice of Termination to be signed as follows:

1. for a corporation, by a principal executive officer of at least the level of Vice President, or a duly authorized representative having overall responsibility for the operation covered by this permit;
2. for a unit of government, a principal executive officer, a ranking elected official,, or other duly authorized representative;
3. for a partnership, by a general partner; by a general partner; for a sole proprietorship, by the proprietor;
4. for a limited liability company, by a member or manager.

After the signature, provide the name of the individual signing the Notice of Termination and date of the signature. If the form was prepared by someone other than an employee of the site owner/operator, provide the name and address where they may be contacted.

### Mailing

Unless otherwise directed, mail this completed form to the DNR office listed by county as follows:

#### NORTHERN REGION COUNTIES

Ashland	Lincoln	DNR Service Center
Barron	Oneida	1401 Tower Ave.
Bayfield	Polk	Superior, WI 54880
Burnett	Price	
Douglas	Rusk	Phone: 715-392-7988
Florence	Sawyer	
Forest	Taylor	
Iron	Vilas	
Langlade	Washburn	

#### NORTHEAST REGION COUNTIES

Brown	Marquette	DNR Northeast Region
Calumet	Menominee	P.O. Box 10448
Door	Oconto	Green Bay, WI 54307
Fond du Lac	Outagamie	
Green Lake	Shawano	Phone: 920-492-5800
Kewaunee	Waupaca	
Manitowoc	Waushara	
Marinette	Winnebago	

#### WEST CENTRAL REGION COUNTIES

Adams	Marathon	DNR Service Center
Buffalo	Monroe	5301 Rib Mountain Rd.
Chippewa	Pepin	Wausau, WI 54401
Clark	Pierce	
Dunn	Portage	Phone: 715-359-4522
Eau Claire	St. Croix	
Jackson	Trempealeau	
Juneau	Vernon	
La Crosse	Wood	

#### SOUTH CENTRAL REGION COUNTIES

Columbia	Iowa	DNR South Central Region
Crawford	Jefferson	3911 Fish Hatchery Rd.
Dane	LaFayette	Fitchburg, WI 53711
Dodge	Richland	
Grant	Rock	Phone: 608-275-3266
Green	Sauk	

#### SOUTHEAST REGION COUNTIES

Kenosha	Sheboygan	DNR Southeast Region
Milwaukee	Walworth	P.O. Box 12436
Ozaukee	Washington	Milwaukee, WI 53212
Racine	Waukesha	
		Phone: 414-263-8500